arise to interfere with his resisting powers or to check his normal elimination, the prognosis is fair.

In their trying positions and treatment of their distinguished patient the surgeons have my sympathy and approval.—Abstract *New York Medical Journal Telegraphed, June 26th.*

THE CHANCES OF RECOVERY DEPENDENT UPON THE CHARACTER OF THE ABSCESS.

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The official bulletins are very vague and indefinite, as the doctors do not state whether the perityphlitic abscess was due to appendicitis, carcinoma, or perforating ulcer. If it is an appendiceal perityphlitis, opened and drained with no attempt at removal of the appendix, his chances of recovery, allowing for his age and mode of living, should be 97 per cent. Even if there is gangrene of a small area of the cecum from a peri-appendiceal abscess, his chances of recovery should be good unless the infection is very virulent. One would infer from the mild symptoms on the day previous to the operation that it is not virulent. If the perityphlitic abscess is from a perforating ulcer of the cecum, the prognosis is more grave, for these perforating ulcers are grave in themselves, particularly the tuberculous. If the perforation occurred from a malignant ulcer, his chances of recovery would be very meagre, as a resection of the caput coli would be demanded, and this is such a long and grave operation that he could scarcely withstand it, as it would involve an immediate risk of from forty to forty-three per cent. The assumption that the abscess is of appendiceal origin is the most logical, judging from the symptoms of pain and syncope on the fifth or sixth day preceding the operation, and there was every reason for his physicans withholding information from the public as long as possible. If the diagnosis of appendicitis had been made early, it is probable the operation would have been performed immediately, as the consensus of opinion of the American medical and surgical profession is that the immediate operation, *i.e.*, operation within the first twenty-four hours after the onset of symptoms, gives the best results and subjects the patient to the least risk. There is a unanimity of opinion in the profession that no one, no matter how familiar with the disease, is able to predict from the early symptoms what will be the subsequent course of the disease. It is therefore incumbent upon the profession to operate early to avoid the probability of later and most dangerous pathologic conditions.—Abstract *New York Medical Journal Telegraphed, June 26th.*